

07-13-06

AF
JFW



U.S. Application No. 09/473,016
Reply to Office Action dated June 1, 2006

PATENT
450100-02165

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants : Yoshizo MIHARA, et al.
Serial No. : 09/437,016
For : DATA RECORDING AND/OR REPRODUCING
APPARATUS
Filed : November 9, 1999
Examiner : James A. Fletcher
Art Unit : 2616
Confirmation No. : 7418

745 Fifth Avenue
New York, NY 10151

EXPRESS MAIL

Mailing Label Number: EV746685748US

Date of Deposit: July 12, 2006

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United States Postal Service "Express Mail Post Office to
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P.O. Box 1450, Alexandria, VA 22313-1450.

Charles J. S. S. S.
(Typed or printed name of person mailing paper or fee)

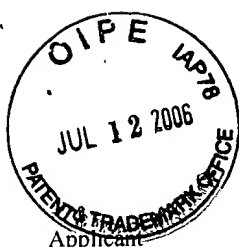
Charles J. S. S. S.
(Signature of person mailing paper or fee)

AMENDMENT

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the office action of June 1, 2006, please amend the above-identified
application as follows:



PATENT
450108-02165

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant : Yoshizo Mihara et al.
Serial No. : 09/437,016
For : DATA RECORDING AND/OR REPRODUCING APPARATUS
Filed : November 9, 1999
Examiner : James A. Fletcher
Art Unit : 2616

745 Fifth Avenue
N.Y. N.Y. 10151

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☒ No additional fee is required.
☐ The fee has been calculated as shown below.
☐ This is an application of a small entity under 37 CFR 1.9(f), and the amounts shown in parentheses apply.

Claims as Amended

(1)	(2) Claims remaining after amendment	(3)	(4) Highest number previously paid for	(5) Present extra	(6) Rate	(7) Additional fee
Total claims	9	Minus	= 20	0 ×	\$50(25)	= \$00.00
Independent claims	3	Minus	= 3	0 ×	\$200(100)	= \$00.00
				Total additional fee for this amendment		\$00.00

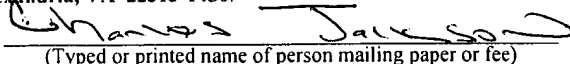
- * If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.
** If the highest number of total claims previously paid for is less than 20, write "20" in this space.
*** If the highest number of independent claims previously paid for is less than 3, write "3" in this space.

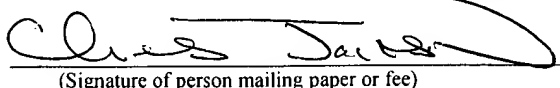
- ☐ This application contains a multiple dependent claim. The required fee of \$290(145) has been previously paid ☐, or is paid herewith ☐.
- ☐ This response is being filed within the month following the expiration of the term originally set therefor. This is a petition to request a -month extension of time. A check covering the cost of the petition is enclosed.
- ☐ A check in the amount of \$ is attached, which covers the cost of ☐ additional claims; ☐ petition for extension of time.
- ☒ Please charge any additional fees incurred by reason of this response or credit any overpayment to Deposit Account No. 50-0320.

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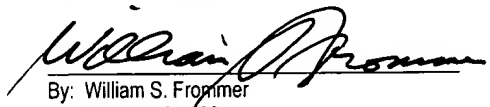
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Alexandria, VA 22313-1450.


(Typed or printed name of person mailing paper or fee)


(Signature of person mailing paper or fee)

FROMMER LAWRENCE & HAUG LLP
Attorneys for Applicant


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